

CORVEL

July 19, 2006

*Clyde Imada, Workers Compensation Chief
Department of Labor and Industrial Relations
830 Punchbowl Street, Room 209
Honolulu, HI 96813*

Re: Standardized Forms for Workers Compensation Health Care Providers

Dear Mr. Imada:

Thank you for the opportunity to provide suggestions and comments on standardizing forms for medical service providers to use when reporting on and billing for work related injuries. As you know, CorVel Corporation provides medical bill auditing, medical case management and a provider network (over 900 throughout the state) to its customers for both workers compensation and auto insurance. After the workshop and further thought we have the following suggestions and comments:

- Most providers are already billing on HCFA and UB forms, there are still some providers that do not. We recommend that ALL providers bill on HCFA and UB forms. Documentation supporting the billing/CPT codes should meet the American Medical Association CPT guidelines.
- We support doing away with the WC-2 forms for progress documentation as providers in order to get payment must submit documentation with their billing statements, such that WC-2 forms are redundant.
- We do like HIC's proposal with the addition on treatment plan page a box for vocational rehabilitation and on the Approved Activities page made the font smaller to incorporate Job Title, Job Description (heavy, medium, light, sedentary) and whether light duty or alternate work available with employer and under Modified Duty add "Next Review Date".
- Some providers submit "cookie cutter" type reports where providers appear to be providing same documentation from previous office visits with very little change. It would be beneficial for providers to document objective findings to assess progress or lack of.

CorVel Corporation
www.corvel.com

Pacific Park Plaza
711 Kapiolani Boulevard, Suite 150
Honolulu, HI 96813-5249

808.383.1430 phone
808.593.1444 fax
888.383.3803

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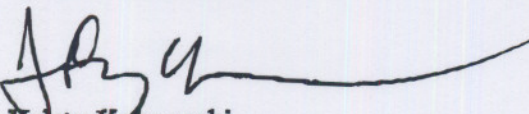
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- Combining treatment plan and progress reports would greatly reduce the paperwork as treatment plans should include documentation justifying need for the treatment request which is usually documentation included in progress reports. However, in order to insure payers review treatment plans timely providers as currently required must state "TREATMENT PLAN REQUEST".
- In regards to hospital billing/statements. It is correct that billing by DRGS would be easier for the hospitals but reimbursement would be much less than the current fee schedule allows. Majority of the hospital bills that we see are using CPT codes when applicable.

We understand that use of forms cannot be mandatory at this time, we would suggest that forms either by administrative rules or legislatively be made mandatory to insure consistency and compliance.

Thank you again for your time and consideration. Should you have any questions, please feel free to contact me at 593-1430 ext. 310.

Very truly yours,



Kristy Kobayashi
Hawaii Branch Manager

CorVel Corporation
www.corvel.com

Pacific Park Plaza
711 Kapiolani Boulevard, Suite 150
Honolulu, HI 96813-5249

808.593.1430 phone
808.593.1444 fax
888.363.3803



841 Bishop Street Suite 2250
Honolulu HI 96813
Tel: (808) 531-2273
www.audatex.com

July 21, 2006

Clyde Imada
Workers' Compensation Chief
Department of Labor and Industrial Relations
State of Hawaii
830 Punchbowl Street, Room 209
Honolulu, Hawaii 96813

2006 JUL 21 PM 1:58
DISABILITY COMPENSATION
DIVISION
-Via Courier

SUBJECT: Standardized Forms for Workers' Compensation Health Care Providers

Dear Mr. Imada:

We suggest that the following forms (attached) be used as standard billing forms by Workers' Compensation Health Care Providers. These forms (the HCFA-1500 and the UB92) have been developed by the Center for Medicare Studies (Medicare/Medicaid) and are the standard throughout the US healthcare industry both in private and public health insurance sectors.

The HCFA-1500 is used for all outpatient services while the UB-92 is used for hospital services.

If you have any questions please call me at 531-2273 ext. 25.

Regards,

Kris Kadzielawa
Director of Operations
IMS – a Solera Company

Attachments: HCFA-1500
UB-92